

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	7024-497PUR115	
	First Named Inventor	David A. SANDERS	
	COMPLETE IF KNOWN		
	Application Number	/	
	Filing Date		
	Group Art Unit		
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing unsigned	<input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PSEUDOTYPED RETROVIRUSES AND STABLE CELL LINES FOR THEIR PRODUCTION

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 08/04/1999

as United States Application Number or PCT International

Application Number PCT/US99/17702 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/095,242 60/112,405	08/04/1998 12/15/1998	

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (10-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☐ Customer Number OR ☒ Correspondence address below

Name Jason J. Schwartz @ WOODARD, EMHARDT, NAUGHTON, MORIARTY & MCNETT

Address Bank One Center/Tower, Suite 3700

Address 111 Monument Circle

City Indianapolis

State IN

ZIP 46204

Country US

Telephone 317-634-3456

Fax 317-637-7561

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) David A.

Family Name
or Surname SANDERS

Inventor's
Signature

Date

Residence: City West Lafayette

State IN

Country US

Citizenship US

Mailing Address 324 Jefferson Drive

Mailing Address West Lafayette, Indiana 47906 US

City West Lafayette

State IN

ZIP 47906

Country US

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) Richard John

Family Name
or Surname KUHN

Inventor's
Signature

Date

Residence: City West Lafayette

State IN

Country US

Citizenship US

Mailing Address 7501 Amanda Lane

Mailing Address West Lafayette, Indiana 47906 US

City West Lafayette

State IN

ZIP 47906

Country US

☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (11-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>2</u>
--------------------	---

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Scott A.		JEFFERS	
Inventor's Signature		Date	
Residence: City West Lafayette	State IN	Country US	Citizenship US
Mailing Address 1945 Indian Trail Drive			
Mailing Address West Lafayette, Indiana 47906 US			
City West Lafayette	State IN	ZIP 47906	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Curtis Matthew		SHARKEY	
Inventor's Signature		Date	
Residence: City Lafayette	State IN	Country US	Citizenship US
Mailing Address Apartment 6, 1307 Columbia			
Mailing Address Lafayette, Indiana 47901			
City Lafayette	State IN	ZIP 47901	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Cynthia Lin		NORTH	
Inventor's Signature		Date	
Residence: City Lafayette	State IN	Country US	Citizenship US
Mailing Address 3803 B Sickie Court			
Mailing Address Lafayette, Indiana 47905 US			
City Lafayette	State IN	ZIP 47905	Country US

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →



PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>2</u>
--------------------	---

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Michael A.		FISCHBACH	
Inventor's Signature		Date	
Residence: City West Lafayette	State IN	Country US	Citizenship US
Mailing Address 120 Pathway Lane			
Mailing Address West Lafayette, Indiana 47906 US			
City West Lafayette	State IN	ZIP 47906	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02C (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

REGISTERED PRACTITIONER INFORMATION (Supplemental Sheet)

Name	Registration Number	Name	Registration Number
Harold R. Woodard	#16,214		
C. David Emhardt	#18,483		
Joseph A. Naughton, Jr.	#19,814		
John V. Moriarty	#26,207		
John C. McNett	#25,533		
Thomas Q. Henry	#28,309		
James M. Durlacher	#28,840		
Charles R. Reeves	#28,750		
Vincent O. Wagner	#29,596		
Steve Zlatos	#30,123		
Spiro Bereveskos	#30,821		
William F. Bahret	#31,087		
Clifford W. Browning	#32,201		
R. Randall Frisk	#32,221		
Daniel J. Lueders	#32,581		
Kenneth A. Gandy	#33,386		
Timothy N. Thomas	#35,714		
Kerry P. Sisselman	#37,237		
Kurt N. Jones	#37,996		
John H. Allie	#39,088		
Holiday W. Banta	#40,311		
Troy J. Cole	#35,102		
L. Scott Paynter	#39,797		
J. Andrew Lowes	#40,706		
Charles J. Meyer	#41,996		
Matthew R. Schantz	#40,800		
Gregory B. Coy	#40,967		
Lisa A. Hiday	#40,036		
John V. Daniluck	#40,581		
Christopher A. Brown	#41,642		
C. John Brannon	#44,557		
Jason J. Schwartz	#43,910		
Arthur J. Usher, IV	#41,359		
Douglas A. Collier	#43,556		
Brad A. Schepers	#45,431		
James B. Myers	#42,021		
Scott J. Stevens	#29,446		

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.